

## UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF WEST VIRGINIA

_K 	) icha	rd Church	3399163
250		e the full name of the plaintiff in this action).	(Inmate Reg. # of each Plaintiff)
VER	SUS		ACTION NO. 5:18-W-00838  r to be assigned by Court)
Sh	awn	Spence, Gary Siv DR. Marc Swanso	ms.
		e the full name of the defendant tts in this action)	
. 5		COMPLAI	<u>NT</u>
I.	Prev	ious Lawsuits	
	A.	Have you begun other lawsuits in sta facts involved in this action or other	ate or federal court dealing with the same wise relating to your imprisonment?
		Yes N	To

В.

If your answer to A is yes, describe each lawsuit in the space below. (If there

is more than one lawsuit, describe the additional lawsuits on another piece of

	paper,	using the same outline).
	1.	Parties to this previous lawsuit:
		Plaintiffs: / \//
		Defendants:
	2.	Court (if federal court, name the district; if state court, name the county);
,		
	3.	Docket Number:
	4.	Name of judge to whom case was assigned:
	5.	Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?
	6.	Approximate date of filing lawsuit:
	7.	Approximate date of disposition:

II.	Place	of Present Confinement: Southern Regional Jaic,
	A.	Is there a prisoner grievance procedure in this institution?
		Yes No
	В.	Did you present the facts relating to your complaint in the state prisoner grievance procedure?
		Yes No
	C.	If you answer is YES:
	15 D.	1. What steps did you take? Was UNSUCCESSEUL IN Obtaining a pass From SRT to Make Funeral arrangement That time when she passed?  2. What was the result? Ended with Mother Without Funeral arrangements For 2 weeks. While Mother at Medical examiners office The Whole If your answer is NO, explain why not:
III.	Parti	es
	and p	Address: Southern Regional Jail Beaver WV 25813
	В.	Additional Plaintiff(s) and Address(es):

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

	C.	Defendant: Shawn Spance Vary Sim>
		is employed as: Greenbrier Co. Home Confinement officers.
147 Main	- 0	at 267 Pourking Dave Suite A
Konceverte WV-24970	Phop	Additional defendants:
		Mark Swanson Blue Ridge Pain Management,
		1101 1st st. SW Roanoke Va. 24016
		Phone# 540-291-7203

## IV. Statement of Claim

State here as briefly as possible the <u>facts</u> of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

space as you need. Attach extra sheets if necessary.)

I took Care of Mother, Got Placed on home Confinency

I was any one Caving for Mother as Shes

disaboled. I Stated to officers She need's Care

if I go to Jair and to Coul a Nursing Care

assistance in my abcense Cause She wasn't

able to be without Care. Officers ignored

my Pleas did Nothing. My Mother dies

on Jan 21st, 2018 at home of Intoxisication

of Dain Meds & Sleeping Pius, I was placed

in SRt Prior to her Passing by a Home Confinency

officers. They knew my position at home. The

IV. Statement of Claim (continued):
#2 Dr. Swanson Prescibed high doses of
Novertices, Paintelievers oxycodone, Copapentin
ambiens (henzois) Together & for Very
Long Deriods of Time. Results in Mother
death in Greenbrier Co. at home of
Control of the contro
Intoxicication of prescribed Plancotics
Mother was 65 years old
V. Relief
State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.
Sceking Maximum amount for
Wrongful death and Mertal anquish
against all fetendants.
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v.	Relief	f (continued)):
VII.	Coun	sel
	A.	If someone other than a lawyer is assisting you in preparing this case, state the person's name:
	В.	Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?  Yes No
wr	ore	If so, state the name(s) and address(es) of each lawyer contacted:  Letter to Cline & Campbell to Response  IN INCANCESETED.
Lur	rent	
***	C. 4	If not, state your reasons: Two Contact amorrate  Have you previously had a lawyer representing you in a civil action in this court?
		Yes No

If so, state the lawyer's name and address:	
Signed this 24 th day of October, 2019.	
Rent @ Church	
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Cincature of Disintiff on Disintiffs	
Signature of Plaintiff or Plaintiffs	
I declare under penalty of perjury that the foregoing is true and correct.  Executed on Otto Oog (Date)  Signature of Movant/Plaintiff	
Signature of Wovantiff familiff	
Seeking!	
Signature of Attorney (if any)	